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"*NEC TENUI PENNA.*"

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R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.  
EDITORS.

## HABITUAL DRUNKENNESS AND INSANE DRUNKARDS.

A pleasant little book with the above title, consisting in a collection of essays and letters from the pen of the distinguished Dr. John Charles Bucknill, has lately issued from the press of Macmillan & Co., London. Dr. Bucknill holds that there are two distinct kinds of drunkards, and denominates them habitual and insane drunkards. The former he says is a mere vice which may be reformed by moral methods, such as eloquent and earnest religious instruction, and the temperance movement judiciously managed; but this class, he thinks, can not be benefited by medical treatment, as it is not a disease. The other form he considers a form of insanity, a morbid condition arising from sun-stroke, a blow on the head, or other injury, accompanied by some form of mental or moral insanity due to structural alterations in the brain. This form of insanity, however, he thinks, offers but small hope of permanent benefit from treatment. We can not entirely agree with the author as to the management of either of these classes. The first, we can not believe is merely a vice; on the contrary, we believe that like lunacy, epilepsy, cancer, and consumption, it is often hereditary, and in other cases it is induced by dyspepsia or other disease, overwork, trouble, anxiety, etc. Again, a prolonged habit, begotten of accidental surroundings, or the injudicious prescription of alcoholic drinks by physicians, may be to blame for it. As to treatment, en-

forced and prolonged abstinence may cure this form of drunkenness when it is but a habit; and appropriate medication may possibly cure it when it has reached the condition of disease. In the second class, which might be called traumatic dipsomania, medicine seems to be not without probable power for good under favorable circumstances. Epilepsy arising from injury to the skull and brain has been cured by bromide of potash, and why may not traumatic dipsomania be relieved by the same means. In the Louisville Medical News of July 15, 1876, Dr. D. W. Yandell reported a number of cases of epilepsy and other cerebral troubles caused by gun-shot wounds, falls, and other injuries, that were cured, or very greatly benefited by bromide of potash. So much so, indeed, as to obviate the necessity for trephining to remove the depressed bone, the cause of the convulsions.

The following cases the author cites as examples of what we have called traumatic dipsomania: An old soldier, who had been wounded in the head, whenever he became intoxicated stole Bibles, and nothing but Bibles, and was finally transported for this theft. Another man stole spades, for which he had no use; a woman stole shoes, and a man stole the same tub seven times. When sober these people were honest. Dr. Bucknill has no faith in the public inebriate asylums, as they are at present managed, and private inebriate asylums he regards as most dangerous and abominable affairs. So far as our own observations extend, inebriate asylums in this country have not proved successful in curing dipsomania. We have known many cases of this sad affliction which were sent to or voluntarily sought relief in these

institutions, but we can not recall a single instance in which a permanent cure or even any prolonged benefit resulted. No doubt some dipsomaniacs have been reclaimed in the asylums, but so have a few persons been enabled to get rid of the affliction without such assistance. Some of these institutions are certainly far from being properly conducted. Speaking of one of them, a dipsomaniac remarked to us, not a great while ago, "The — *Asylum* is simply a comfortable place for high-toned drunkards; a convenient place for wealthy families to hide their sots in. The inmates are allowed to go into town whenever they choose, and every cedar-bush and convenient shrub in the grounds of the establishment is the hiding-place for some one's bottle of consolation."

Doubtless the day will come when inebriate asylums may be made the means of accomplishing vast good to mankind; but to secure this desirable end laws must be enacted enabling drunkards to be sent to the asylums just as lunatics and criminals are now committed to appropriate places of restraint. The drunkards should be tried by jury, and competent medical men would make the best jurors. They should be sentenced to terms of imprisonment commensurate with the gravity of their cases. Honest, wise, learned, humane medical men would be the proper persons to put in charge of the asylums, and they should be empowered to employ moral, physical, or therapeutical measures, as they might deem best in different cases. Drunkenness is a most fruitful source of crime and disease; and disease, we are confident, is far oftener the cause of drunkenness than is generally dreamed of.

Acute drunkenness is a temporary poisoning of the brain. Chronic drunkenness is accompanied, probably, by organic changes in this organ. Acute drunkenness is almost always preventable. Chronic drunkenness is often curable up to a certain period of its existence, but after that time there is no hope, and no man can say when this deadline is crossed. In this fact lies the great danger of even moderate and occasional in-

dulgence. In a single debauch there is little danger, but each time that it is repeated the danger of the development of dipsomania is increased. A single convulsion from an excess in eating, or from teething, or from worms, gives little ground for uneasiness, but if the irritation be frequently repeated and several convulsions are thus brought on epilepsy may be the result, and so it is with the use of alcoholic drinks.

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## Original.

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### DERMAL DERANGEMENTS ATTRIBUTED TO QUINIA.

BY L. P. VANDELL, M. D.

*Professor of Clinical Medicine, Dermatology, and Therapeutics in the University of Louisville.*

During the past year the domestic and foreign medical journals have contained an extraordinary number of reports of cases of urticaria, erythema, roseola, pruritus, neuralgia, oedema, etc. of the skin, which the writers attribute to the use of quinia. When only an occasional case of this kind happened, it seemed not improbable that quinia was really the source of the trouble; but when we come to find records of such cases in almost every journal, the question arises, Is it the quinia? We all meet with idiosyncrasies in our practice, but we know that idiosyncrasies as to any particular remedy are by no means common occurrences. For instance, three persons in whom the taste or odor of ipecac invariably brought on asthma have come under my observation. In another patient opium in any form always produced fearful colic, and in another the same medicine never failed to bring on diarrhea. During a long experience in the study of disease in malarious regions—six years of that time in the Southern States—it has not been my fortune to encounter a single well-authenticated case of dermal disturbance such as I have before alluded to. True, temporary flushing of the face and congestion of the conjunctivæ I have not infre-

quently observed as the result of the administration of cinchonia, cinchonidia, and quinidia, and occasionally from quinia; but never an eruption, never a dermalgia, never an oedema from these medicines when given at the proper time. Many such cases of course have been recounted to me by patients, and especially female patients, and it is a matter of frequent occurrence to encounter people who declare they can not take quinine; but the statement of an invalid is seldom reliable testimony so far as the patient is individually concerned. Cases of cutaneous disturbance have also been described to me by medical men; but the average man, whether a doctor or not, is not a close and careful observer, and not infrequently he thoughtlessly makes a positive assertion founded only on a casual investigation or the plausible story of a glib-tongued patient. A case in point has just occurred in my practice, and it is a sample of many others that I might recount. A medical student—a bright, cultivated young man—came for relief for an obstinate intermittent fever, which came in the form of a hard chill every seventh day, and as a cephalalgia every morning about four o'clock. He declared most positively he could not take quinia, quinidia, cinchonia, etc. even in small doses; that he had tried it frequently; that his preceptor had given it to him upon several occasions, and always with wretched results. It produced in him the most horrible and unbearable nettle-rash, great heat and redness of face, congestion and burning of eyes, such vertigo that he was unable to walk, and in addition to this sometimes alarming delirium. To oblige me, and to prove my skepticism groundless, he consented to try quinia again. I gave him thirty grains in eight capsules, two to be taken at twelve and two at two o'clock at night. He reported himself next day as having missed his headache entirely, no disturbance of the skin had occurred, and he felt unusually well. The medicine was repeated the same way the second night, with the same satisfactory results.

I have no doubt that the secret of this patient's nettle-rash, etc. is in the fact that the quinia was administered at an improper time, and thus acted as an irritant instead of an antiperiodic. Quinia, given after a malarial paroxysm has begun to come on, or too close to the paroxysm to arrest its accession, not infrequently aggravates the condition which it was intended to prevent. For instance, if given for headache, itching, diarrhea, in the improper manner just indicated, it will not infrequently aggravate these symptoms. Coming into the stomach during or near to a paroxysm of malarial disease, it may, and I believe often does, act as an irritant to the nervous system, just as shell-fish, salads, and tainted game will do under similar circumstances. Observation has convinced me that gastric derangement, dentition, and other supposed causes of urticaria have really no such power unless the malarial poison be present in the system. These substances excite the eruption, which otherwise would not have appeared. The malarial poison may lie dormant in the system indefinitely till thus excited into action, just as the fire is dormant in the match till friction develops it.

Many years ago a French physician published that quinia was a very dangerous drug in pregnancy. His reason for the assertion was that some of his patients had aborted while taking eight- or nine-grain doses in the twenty-four hours for the relief of ague. Ever since then a certain number of practitioners have believed that quinia was unsafe to give after conception has occurred. The fact is that chills, dumb or pronounced, are a frequent, probably the most frequent, cause of miscarriage; much more frequently than syphilis, and much more frequently even than traumatisms, barring criminal abortions.

Quinia, though having no power to arrest miscarriage after it has commenced, is one of the most efficient means of prevention in proper cases, given in sufficient doses and at the right time. Quinia has been charged with producing pains in the bones, and for no better reason than that persons who

take quinia have pains in their bones. The poison which renders the quinia necessary is also the cause of the pains. Injury to the teeth has been charged against quinine, and for no better reason than that the unfortunate possessors of bad teeth have generally taken quinine. The bad health which caused the quinine to be given also caused the dental caries. Deafness is not infrequently charged to the use of quinine, and we all know that it does produce a temporary deafness; but that it produces permanent deafness is just as untrue as any of the other statements concerning toxic effects of this medicine.

In a recent number of the Medical Record, Prof. Henry M. Field reports a case of dermalgia in a young lady from Indianapolis, Ind., in whom the affection was brought on by quinia given in the small quantity of five grains in twenty-four hours. According to the patient's statement, ordinary doses of quinia induced a general and intense dermalgia, accompanied by heat of surface and œdema, and followed in a few days by desquamation. Had Dr. Field given his quinia in thrice the size doses that he did give, and at intervals of two hours between each five grains, the last to be taken two hours before the time of the ague for which he was giving the antiperiodic, I am quite sure that he would have avoided the unpleasant symptoms described.

In Prof. Field's very interesting article occurs the following significant observation: "Quinia makes a signal impression upon the vaso-motor system as well of the cutaneous surface as of the nerve-centers, an impression which involves facts of great importance both in physiology and therapeutics. It has its own appropriate influence upon the heart, the capillaries, and the arterioles. With this view it is not strange that a departure from the normal working should bring discomfort or disaster to the skin." In his conclusion Prof. Field says: "*Quinine has a special action upon the skin* as truly as arsenic has, but not of such significance, of course, and thus far insufficiently studied.

I am satisfied *certain remedial sources await investigation in this direction.* The praise which Dr. Erasmus Wilson accords to quinia for its power to cure that neurosis of the skin known as pruritus, and Mr. Spender's success with it in pruritus ani, will serve to illustrate this statement."

The importance of these suggestions can not be overestimated; and it is to be hoped that not only the dermatologists, but the general practitioners, will give this matter the attention it deserves. On but a single point do I take issue with Prof. Field, and that is in regard to arsenic. Quinia is just as much more potent and reliable in the treatment of skin-diseases than arsenic as it is superior to arsenic in the treatment of malarial fevers.

Every day brings me additional proof of the correctness of my assertion on this subject, made to the American Dermatological Association more than a year ago, when I said:

"Malaria is the chief source of acute skin-disease. Scrofula is the chief source of chronic skin-disease. The more inveterate cases of skin-disease are usually due to the co-existence of these two things. The specific exanthems are of course not included here, but I contend that their progress and termination are often largely influenced by the presence of malaria or struma.

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"In conclusion, I desire to impress upon the reader that my views are not confined to skin-diseases. What produces disease here will produce it in all organs of the body. What is true of dermatology is equally true of gynecology and ophthalmology, and it is just as true of the diseases of all the other regions of the body. Acute leucorrhœa, amenorrhœa, and dysmenorrhœa, the acute ophthalmias and otitis, acute cough, neuralgias, diarrheas, and dysenteries, for example, are, according to my experience, more often directly or indirectly produced by malaria than by any other cause, and are most satisfactorily managed by quinia and iron.

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"Bear in mind how little the mere statement of a patient is worth. Interrogate all his organs and functions, compare his tongue and skin, and expression and pulse, and discharges and sensations, with his assertions. And iterate and reiterate your questions till you are confident he is not intentionally or unintentionally deceiving you. Oftentimes your client will assure you he has no chill or fever; no time of particular drowsiness or irritability, or depression, or languor, or thirst, or pain, or itching, or cough, or diarrhea, and so on. And yet you will find, after profuse questioning, that he has not stated the fact; that he has some periodical symptoms."

It seems very remarkable that Mr. Erasmus Wilson, the ablest dermatologist the world has produced, should not have carried the use of quinine farther after he found it to cure pruritus, and thus have discovered its widely extended efficacy in skin-diseases; and it is likewise strange that so careful a student of disease as Mr. Spender should not have extended his experiments after observing that quinia cured pruritus ani. We have diseases almost innumerable, but the causes of these morbid manifestations are limited in number, and the rational practice of medicine consists in treating maladies with reference to their cause, and not with reference to their locality. For instance: if malarial, by antiperiodics and iron; if scrofulous, by constructives; if scorbutic, by fresh vegetables and vegetable acids; if rheumatic, by salicylic acid; if syphilitic, by mercury and the iodide of potash.

LOUISVILLE.

### Books and Pamphlets.

HABITUAL DRUNKENNESS AND INSANE DRUNKARDS. By John Charles Bucknill, M. D., London, F.R.S., etc. London: McMillan & Co. 1878. For sale by Wm. Wood & Co., New York.

A little book of a hundred pages, eminently suggestive, and likely to do much good. The author occasionally writes with

more acerbity than one likes or expects to find in a scientific discussion; but when one learns through his quotations from his opponents how roughly he has been handled by them, the wonder, though not the regret, ceases.

A SERIES OF AMERICAN CLINICAL LECTURES. Edited by E. C. Seguin, M. D. Vol. III, No. 10: On the Treatment of the various forms of Acne and Acne Rosacea. By R. W. Taylor, M. D., Professor of Diseases of the Skin, etc. University of Vermont.

Like every thing that Prof. Taylor writes, this essay is clear, strong, and practical.

A HISTORY OF THE DIAGNOSIS, PATHOLOGY, AND TREATMENT OF YELLOW FEVER. By J. V. Marvin, M. D., Professor of Chemistry and Microscopy, Hospital Medical School, etc. Reprinted from American Practitioner of November, 1878.

Prof. Marvin gives in this brochure his personal experience of yellow fever during his late service as resident physician at the yellow-fever hospital near Louisville. The author gives in a condensed form much interesting and valuable information.

### Miscellany.

SPECIALISM AND SPECIALISTS.—We hold that every specialist should be something more. He must be a doctor in all senses before he is fit to take up a single department of practice. No one is less fit to be trusted with the care of cases than the "mere specialist." If such a person exist, as we are often told, it is certainly not among the leaders of the profession. Most of our leading specialists have done good work in other departments than their own; and as this assertion will probably startle our opponents, we proceed to prove it by way of saving them from the rash repetition of their assertions that it can not be so. Our proof will be the citation of examples in several specialties.

We begin with dermatology, because the leading authority (the man whose name is just now in every one's mouth for his pat-



riotic act in bringing over our Egyptian monument), Erasmus Wilson, may be cited as one of the most thoroughgoing specialists. Indeed, his name is to a whole generation suggestive of dermatology. Yet he did not begin practice in ignorance of fundamental science. He was a teacher of anatomy at St. Bartholomew's Hospital, and to him students were indebted for the "Anatomist's Vade-mecum," which was the first of the most popular series of text-books ever published.

Of oculists, Bowman, before he took up this department, was surgeon of King's College Hospital and professor of physiology; while Critchett, who by the younger members of the profession is sometimes thought to be a pure oculist, taught general surgery at the London Hospital, to which he was for many years surgeon. Mr. Haynes Walton is still senior surgeon at St. Mary's, and Mr. Brudenell Carter has been a general practitioner.

A still more striking instance is afforded by another specialty. Dr. Little, who has been well called "the father of English orthopedy," and who since the death of Stromeyer is unquestionably the first orthopedic authority of the world, was for many years physician to the London Hospital, and as such practiced as general physician as well as orthopedist.

Of aurists, we will only mention our lamented colleague, James Hinton, whose life has just been published, and who was a general practitioner for many years before he became a specialist.

Of laryngoscopists, Dr. Morel Mackenzie, although he began in private practice as a specialist, was for several years assistant-physician at the London Hospital. Dr. Prosser James for many years practiced as general physician, and for aught we know may do so now, for he still holds appointments as such, and is still a professor of *materia medica* and therapeutics.

Speaking of *materia medica* reminds us that Dr. Garrod, author of the well-known manual on this, is not only a specialist for

gout, but has been physician to both King's and University College hospitals.

In rectal diseases the two leaders are both of them ex-presidents of the Royal College of Surgeons, and of course both of them were long surgeons to large hospitals, Mr. Quain, also known for his "Atlas" and other anatomical works, and Mr. Curling for a second specialty—the testicle.

In urinary diseases, Thompson was long surgeon to the University; and from their medical aspect we may cite Dr. Geo. Johnson, who is still physician at King's, and Dr. Dickenson at St. George's.

In nervous diseases, Dr. Russell Reynolds has only just resigned his professorship of medicine; and Dr. Hughlings-Jackson is still on the staff of the London Hospital.

Among syphilographers, Mr. Henry Lee filled for the full period the post of surgeon to St. George's Hospital. Mr. Lane did the same at St. Mary's; and Mr. Hutchinson is still in harness as a diligent worker in two or three specialties, as well as a hospital surgeon.

In ovariectomy, Mr. Spencer Wells has achieved the highest position, though he had previously been an army surgeon.

And so we might go on heaping up our proofs, but we have said more than enough to justify our position that the most eminent specialists have not confined their attention to a single branch, have in almost all instances commenced in a larger sphere, and have only gradually restricted the range of their practice. We may go further, and say that the more gradual the restriction has been in any case the better for the specialist himself, as well as for his patients. It is especially so for the patients, inasmuch as man may possibly make advances in a small range of knowledge, or acquire skill in special manipulations, by, at a comparatively early period, confining his attention; but to be able to give the soundest advice, to treat cases most completely, it is of the highest importance he should, as long as possible, keep up his interest in every branch of our art. We admit that the "mere specialist"

must be narrow, and he who begins life as such will certainly cramp his intellect, and even if he becomes a brilliant operator will probably fail as a safe adviser either to a patient or a professional brother, while he can scarcely hope to attain the full development of his manhood.—*London Doctor*.

DISCOVERY IN CHEMISTRY—NORMAN LOCKYER ASTONISHES THE SCIENTIFIC WORLD BY DECLARING THAT CENTURIES OF CHEMICAL STUDY HAVE BEEN UPON A FALSE BASIS.—At the last sitting of the French Academy of Sciences a very remarkable communication from Mr. Norman Lockyer was read by M. Dumas, which, should his views turn out to be correct, will entirely overthrow all the theories of chemistry at present accepted. In a series of investigations, extending over some years, into the nature of the spectra of the sun, of other celestial bodies, and the artificial spectra of different simple bodies at various degrees of temperature, Mr. L. has arrived at the conviction that all the elementary bodies recognized by chemists are neither more nor less than hydrogen at various degrees of condensation.

For the moment he furnishes no specific details, but he promises very soon to present material physical and chemical proofs of this extraordinary fact, which he states is already placed beyond the domain of probabilities, and will inaugurate a new chemistry, giving us a far more expanded idea of the simplicity of the proceedings by which the world in which we live was gradually formed. According to Mr. L. the stars which are the hottest contain either pure hydrogen or the most elementary bodies. The sun which is only of medium heat, consists of a mixture of various elements, while the colder celestial bodies show the most complex compounds.

The greatest anxiety was expressed to be made acquainted with the nature of the experiments which had led the learned investigator to come to such conclusions. The startling nature of the announcement is sufficient to excite great astonishment, as it is

utterly opposed to all our preconceived notions of the chemistry of the universe, and very naturally makes us think the ancient astrologers, with their notions of the transmutation of metals, were not such visionaries after all as they had been generally considered—only they turned their efforts in a wrong direction.—*Exchange*.

IRON WHICH WILL NOT RUST.—*London Lancet*: Prof. Barff's invaluable invention, by means of which he gives to ordinary iron an incorrodible coating of the magnetic oxide, is one which is likely to be of great service to the cause of practical hygiene. The process is exceedingly simple, and consists merely in subjecting the iron to the action of superheated steam, the steam having a temperature of 1500° Fahr. The finished article has a dull black appearance, and is susceptible of a slight degree of polish, if necessary. All the agents which usually cause oxidation of iron exert no action upon Barff's iron. Salt or fresh water, vegetable acids, and even the London atmosphere are unable to produce the slightest tarnish or impairment of quality. The cost of the process is but trifling, and is cheaper, we believe, than "galvanizing," and much cheaper than the constantly recurring necessity of painting. Its application to sanitary purposes is obvious. It will be a great boon to have water-closet pans, soil-pipes, traps, and urinals that do not corrode. For water-pipes the black iron will be invaluable, and also for water-cisterns. For cooking it is quite equal to copper, and does not lead to the occasional danger of copper-poisoning which arises when copper utensils are employed. We trust a suitable short name will be found for "iron which has been coated with magnetic oxide," for it seems very undesirable to use eight words where one or two would do. Why should not Barff's iron become its accepted title!

THE eucalyptus globulus is often found in its native land four hundred to five hundred feet in height.

**THE PELVIS AS A SIGN OF RACE.**—The characters of the pelvis of different races of mankind have been made the subject of investigation by Fritsch, of Halle, who arrives at the following conclusions from a number of measurements: The principal characteristic of the European pelvis is the transverse oval inlet and the distinct difference between the pelves of the two sexes. The negro pelvis is in general smaller, rather roundish, and has a narrow pubic arch. The pelvis of the Kaffir is slender, on the whole slightly developed, and differs little in the two sexes. That of Hottentots and Bushwomen is the smallest, and it is remarkable that the pelves of Bushmen children who have come under more civilized conditions show an improved formation. The Chinese pelvis is said to differ little from the European. Of the Japanese, Wernich has described two forms; but, according to Fritsch, this description is not free from doubt. The characters of the Malay pelvis are very well known. It has a remarkably small average weight. The inlet is roundish, the sacrum more elongated, the iliac surfaces are large, and the pubic angle is wide. In the Australians the conjugate is greater than the transverse diameter; the pelvis is small and light, and shows a distinct sexual difference. The American pelves are very well formed, with wide inlet and diminished depth of canal. The author concludes that it is the influence of nourishment, occupation, etc. that favors the formation of a well-shaped pelvis in the European, American, and other races; while opposite influences lead to its deterioration, as among the Bushwomen. Whether certain habits of sitting, lying, etc. may explain the different sizes of the conjugate diameter, is not yet sufficiently determined.—*Brit. Med. Jour.*

**PRAYER AS A MEANS OF STAYING EPIDEMICS.**—We are far, as has been already said, from condemning the appeal to religious considerations and influences in an extremity like this, but it should be put upon enlightened grounds, and become a means of incite-

ment to nobler action. Prayer is efficacious just in proportion as it reacts upon the suppliant to inspire a higher activity, and in this way it may become a potent agency for moving men in great emergencies. This being the true point of view, in place of the proclamation issued by Governor Bishop, we should have preferred to see something like the following: "Whereas, a plague is desolating various southern cities, which all means hitherto adopted have failed to arrest, let the devout people of Ohio gather in their several places of worship without delay, and, reverently recognizing the Divine wisdom in this fearful dispensation of suffering, humbly confess their sins of neglect and omission, their ignorance, carelessness, and culpable apathy in regard to all sanitary matters, and their want of quickened sympathy with the afflicted communities, and register solemn vows to Heaven that they will at once enlarge their measures of help to the devastated towns, and will in the future be more vigilant and faithful in discharging the religious duty of guarding and promoting private and public health."—*Prof. Youmans, in Popular Science Monthly.*

**IMPREGNATION OCCURRING WITHOUT INTRODUCTION OF THE INTRODUCING ORGAN.** Dr. Chas. Roth, in Medical Record of 30th November, reports a case where sexual intercourse was impossible because of an excruciating vaginismus. In the attempt at coition the semen was discharged on the external genitals, the spermatozoa found their way into their natural destination, and pregnancy occurred. This case is important in a medico-legal point of view.

THE teacher should teach that alone which he knows to be true and irrefragable; for it must not be forgotten that when the public see a doctrine which has been presented to them as established and claiming universal acceptance proved to be faulty, many are led to lose faith in science, and reproach it with insincerity and instability.—*London Lancet.*



**HYDROPHOBIA.**—London Lancet: A death from hydrophobia is reported from Hertford, in which the disease came on twelve months after the bite from a rabid dog. The nature of the case in relation to the bite appears clear. The man was a laborer, aged fifty-six, the dog the man's own, and it had previously bitten the man's employer's wife and son, also several animals which had become rabid. The bite was a severe one, the arm being greatly lacerated, and the wound long in healing. The disease began with discomfort in the throat, followed by spasm on drinking, difficulty in breathing, and apparently an unusual amount of muscular weakness. According to the newspaper report, death occurred very rapidly on the third day after the onset of the symptoms, and was due, in the opinion of Mr. Wm. Odell, who attended the patient, to exhaustion and suffocation. A post-mortem examination showed no other cause for death.

**GENERAL WADE HAMPTON.**—This distinguished statesman and soldier, now governor of South Carolina, had his leg amputated and was elected United States Senator on December 10th. His injury was a fracture incurred while deer-hunting. God grant him a speedy recovery.

**THERAPEUTICS IN THE VIENNA SCHOOL.**—A correspondent of the Chicago Medical Journal and Examiner, writing from Vienna, says that after listening for some time to the lectures of Prof. Bamberger, and hearing but little said of therapeutical measures, he asked a German physician why Prof. Bamberger did not tell something about treatment. The reply was, that physical diagnosis was his only *forte*; that if he encountered a case in the diagnosis of which there was doubt, his great fear was that the patient, before his death, might pass from under his observation, and that he might be unable to clear up the mystery by a post-mortem examination. Prof. Duchek, he says, although perhaps not so widely known as Prof. Bam-

berger, is far the better clinical teacher, and it is from him that one gets most of the practical hints in therapeutics that are to be obtained there. In the general *résumé* that Prof. Duchek gave at the end of the winter semester of his plan of treatment, he began by laying down the following maxim: "Give no medicine that will materially disturb the functions of life in your patient." He said further that in the early years of his practice he had used a wide range of remedies, was ever ready to make trial of all the new and much-vaunted preparations that were brought forward; but, having been almost invariably disappointed in their use, he had now settled down to the employment of about *one dozen* remedies, seldom giving any others. Of these the principal are quinine, digitalis, iodide and bromide of potassium, opiates, the salicylates, the acetate of ammonia, the mineral acids, ipecac, castor oil, the saline cathartics, and *occasionally* calomel. He never uses either aconite or veratrum. He believes that the influence that these last remedies exert in lessening the muscular force of the heart, as well as the blood-pressure in the arteries and veins, is, in the vast majority of cases of febrile and inflammatory diseases in which they are prescribed, absolutely *injurious*.

**GLACIERS IN THE WIND RIVER MOUNTAINS.**—F. V. Hayden, M. D., the distinguished geologist, discovered two glaciers last season in the Wind River Mountains. Heretofore glaciers have been supposed not to exist in this great country of ours. Now, if some botanist or gastronomist would only discover indigenous truffles in America what a perfect land it would be!

**UREA FORMATION.**—Professor Gamgee, of Owen's College, Manchester, has recently published an account of some new experiments to determine the seat of the urea formation in the body. The result is, the experiments have demonstrated that the liver is the principal if not the only organ of the body concerned in urea formation.

## Selections.

**Treatment of Insanity by Drugs.**—Dr. Geo. H. Savage has contributed an article on the Treatment of Insanity more especially by Drugs to the last number of Guy's Hospital Reports.

Until quite recently, observes Dr. Savage, *opiates* were looked upon as one of the sheet-anchors in the arrest of mental disease. Now we are more discriminating, and have to own that whereas some cases are relieved by opium, some are not affected at all or are really injured by its use. In the first place, the effect of this drug will vary with its mode of administration. Some cases are not improved by morphia administered by the mouth, but will recover, or be greatly benefited, by the subcutaneous injection of that alkaloid. Two or three cases are reported where no improvement took place until the patient was put upon a solution of morphia, in half-grain doses, two or three times a day, when a decided change for the better took place, and even ultimate recovery. Another case showed how morphia will control symptoms, though it may be long before it perfects a cure; and in the author's experience, "when symptoms are so controlled, it is only a question of time to cure." Another patient with active melancholia was quiet and happy as long as she took morphia, but if this was discontinued she became very irritable. In her case no medical treatment had been tried for two months previously to the administration of the morphia, and within twenty-four hours from the commencement of this drug she became quiet and reasonable. She is still under treatment, but will recover. In short, Dr. Savage would say that morphia has served him well in active melancholia both in old and young, but especially in old cases, such as climacteric and senile patients; also where sleeplessness alone seems the cause of the mental breakdown, and in some cases of excitement in which chloral-taking or over-stimulation has caused insanity; but it is of no avail in ordinary acute mania, general paralysis, profound melancholia, or complete dementia.

With regard to *chloral hydrate*, the writer would restrict its use to only a few forms of insanity. He justly remarks that "of all medicines recently introduced this has been the most largely used, and I fear, if the good results were compared with the evil done, the latter would preponderate." The mere producing of sleep does little, if any, good in the majority of cases of insanity. It is, however, useful in the epileptic states, in the furore of epilepsy, and in some cases of insanity from excess of stimulants. In one case, where there was furious mania following epileptic fits, the chloral was sometimes given, and at other times withheld; and the results were always quietness with chloral and mania without.

Dr. Savage also speaks in favor of a combination of chloral and camphor (ten grains of each rubbed up with simple syrup), which was especially tried in two classes of cases—the wildly and distinctively maniacal, who were filthy in their habits, and in those who were erotic or lascivious in their behavior. The mixture produced a good effect, and out of twenty cases in which it was given fourteen were made more quiet. The use of the camphor, moreover, obviated the loss of appetite and of flesh, which was produced by the prolonged use of chloral alone, and all the patients gained in weight and improved in appetite. In more than one case the patient was quiet and decent while taking the medicine, and one case had every appearance of becoming a chronic lunatic till the chloral and camphor were given. The writer would recommend this combination in cases of puerperal insanity, especially in the sleepless, chattering form, where friends are mistaken and erotic feelings are present.

Of the value of conium the report is not very encouraging. In a case of violent mania it was of some benefit after the injection of morphia, camphor, and chloral, and other remedies had failed; and it is recommended in cases where patients are noisy and destructive, but at the same time require stimulants.

Of still less value is hyoscyamine, the effects of which are so powerful and dangerous that sickness and collapse have been known to follow one dose of it. In one case a thirteenth of a grain produced in an hour and a half complete inability to stand, sickness, cold clammy skin, and absence of radial pulsation, without any good result following.

Of bromide of potassium the author has not a good opinion, but he confesses that his experience of that drug has not been very great.

Of all medicines purgatives have been most favorable with the older physicians and the majority of the best writers on insanity; but Dr. Savage says, "We rarely give them at Bethlem with the idea that we shall cure by these means, and still more rarely to quiet the patient and keep him employed." Stimulants, on the other hand, are more favorably spoken of. We are told that stimulants are a large item in the expenditure of asylums, and when judiciously ordered and watched they are of the utmost importance. Emmenagogues were also found of great service in the treatment of insanity complicated with amenorrhea. Of this class of drugs the tincture of black hellebore, in doses of one half to one drachm, was remarkably beneficial, and several cases are cited in which both the amenorrhea and insanity yielded to this remedy. The re-establishment of menstruation is important, and the return of menstruation unaccompanied by a mental change adds to the gravity of the prognosis.

Independently of ordering medicinal remedies,

there are certain physical conditions which often contribute to the cure of insanity, and Dr. Savage draws particular attention to cases of this disease in which physical illness produced marked improvement in the mind of the patient. Thus several forms of insanity respectively got well spontaneously after the formation of a retro-uterine hæmatocele, after a toothache and gum-boil, after inflammation of lower jaw, after an attack of erysipelas of head, after obstruction of the bowels, and after an attack of gout. "In former times the head-shaving and blistering treatment must certainly have improved some cases, just as we have found that in some purgatives are beneficial."

**The Poultice in the Treatment of Severe Bed-sores.**—Dyce Duckworth, M. D., Edinburgh, in Archives of Dermatology:

I wish to recommend that in addition to the use of a water-bed the patient should lie with the buttocks and sacrum constantly upon poultices. These poultices should be made of linseed—or, as termed in the United States, flax meal (!)—and if there be much discharge or fetor, cataplasma carbonis of the pharmacopœia should be used.

Since the introduction of so-called antiseptic principles in surgical practice, some objection has been made to the use of poultices in any way, either to a broken or an unbroken surface. They are supposed by some to be centers of mischief and unwholesomeness in themselves, and to produce unhealthiness of wounds. I wish to record my protest against this temporary wave of fashion in therapeutics, and to put in a plea for a little common sense and attention to plain clinical facts, versus theory and speculation evolved in the study, and *and not at the bedside*. I take it for granted that these poultices are made of pure flax meal, and that they be frequently changed, the old ones being immediately burned and not again warmed up, as is the custom in some French hospitals. They must be large, so as to cover all the affected parts; and if there be excavated sores over the trochanters, these must be also covered, and a binding sheet secured over the abdomen with safety-pins.

In the case of there being any sloughing portions of muscular and fibrous tissue in the wounds, and also if the wounds be flabby or languid, the addition of balsam of Peru to the poultice becomes highly desirable. If there be deeply excavated sores, plugs of lint smeared with the balsam should be placed in the cavities, and the edges of the wound be gently compressed by strips of diachylon plaster.

If the wounds become unduly vascular or granular, dossils of lint dipped in zinc, or copper-sulphate lotion (two grains to the ounce) are very useful for a time, and should be placed in the cavities as described.

It will be found necessary to persevere with the poultices till the bed-sores heal, and this is sometimes a matter of many months.

The practice here recommended is that which is followed with much success in St. Bartholomew's Hospital. I am not aware to whom is due the particular credit of the measures herein urged.

Quinine in doses of two or three grains, thrice daily, is of service in the treatment of the general constitutional condition of such patients; but of course any other medicinal treatment can be carried out, if required, for the special lesions which have led to the complication.

**Ozokerine.**—Earth-wax, or fossil-wax, is a paraffin, which under the name of ozokerit, has been made very well known to the public by Messrs. J. and C. Field, of the Candle Works, Lambeth Marsh. By long-continued and skilled labor and attention these gentlemen have brought their ozokerit candles to great perfection as respects consistence, form, color, and illuminating power. They now produce also from ozokerit a purified and refined hydrocarbon, to which they have given the name of "Ozokerine" and which they propose for medical use as a simple dressing, and as a basis for ointments. This substance belongs, as will be understood from what we have said of the source whence it is derived, to the same class as vasaline, and has the same special excellencies as a dressing or an unguent; that is, it resists all chemical change, and never becomes rancid and irritating. It is rather firmer in consistence than vasaline, and for some purposes that may be an advantage; and we are inclined to think from our experience that it is also very gently stimulant, and therefore even more useful than vasaline as an application in some chronic states of skin disease. We have no doubt that ozokerine is a valuable and useful substance; and as it is said to be considerably cheaper than vasaline, it will in all probability be very largely used.—*Medical Times and Gazette*.

**Slippery-elm Bark for Tape Worm.**—Dr. C. Hixon, in the Ohio Medical Recorder: I was consulted by Mr. J., who at various times, had passed large quantities of tape worm. I prescribed for him the ethereal oil of male fern, also kousoo, kameela, and pumpkin-seed, with no result. I then prescribed fresh elm bark *ad libitum*, of which for several days he consumed large quantities. I then gave him castor-oil and turpentine emulsion; when fifty-three feet of tape worm was expelled, including the head. It was enveloped in the great mass of apparently undigested bark, which the cathartic brought away. Becoming entangled in it the worm seems to have lost its grip and never again regained it, and was hurried along by the increased peristaltic action.

**The Differentiation of Coma from Alcohol.** London Lancet: After alluding to Dr. Richardson's statement that in alcoholic coma the temperature falls, and that this is a distinguishing mark from other forms of coma, Dr. Macewen alleges that he has observed the temperature in a series of cases of fracture of the skull, opium-poisoning, and apoplexy, and that in all these cases the temperature was found very much below the normal. Consequently this point is not to be relied on for purposes of diagnosis. Dr. M. also controverted the statement that in alcoholic coma there is dilatation of the pupil. He had found contraction the rule; but he had accidentally discovered that if a patient was shaken or disturbed, the pupil dilated, but very soon contracted again. He therefore lays down the rule that an insensible person who, being left undisturbed for from ten to thirty minutes, has contracted pupils, which dilate on his being shaken, without any return of consciousness, and then contract again, can be laboring under no other state than alcoholic coma. Dr. Macewen's position in the Royal Academy of Glasgow gives his observations upon this subject much authority; but the test must have a larger trial before it is finally accepted.

**Camphor as a Hypnotic.**—Wittich has repeatedly administered camphor to relieve the insomnia which accompanies certain forms of mania, hysterical insanity, and hypochondria. He has found that under such conditions camphor acts much better than chloral, morphine, or bromide of potassium. He administers it by hypodermic injection. He dissolves it in olive oil, and the dose which he recommends is from one to one and a quarter grain. Small doses are more certain to produce sleep than large doses. The sedative effect, as a rule, appears rapidly, and the sleep produced lasts several hours. The injection is to be repeated when the restlessness reappears.—*Jour. de Méd. de Bordeaux.*

**Vulvar Pruritus.**—M. Marius Key recommends the glycerole of cade as a local application in the treatment of pruritus of the vulva. The formula he employs is one drachm of oil of cade to half an ounce of glycerole of starch. In combination with it he uses tonics, hip-baths, and emollient injections, to which laudanum is freely added. He has only tried this treatment in one really rebellious case, but that time with success.—*Gaz. Med. de Paris.*

**Insomnia.**—N. Y. Medical Record: In cases of insomnia from anxiety, melancholia, or a low state of nutrition, camphor will act favorably when chloral, morphia, potassium bromide, etc. fail. One and a half to two or three grains may be subcutaneously injected after dissolving in almond oil.

**Necessity for Phosphates in Diet.**—By experiments on young animals M. Lehmann has shown that a diet containing an inadequate amount of phosphate materially affects the skeleton. In the case of a young pig, which was fed for one hundred and twenty-six days on potatoes alone, rachitis was the result of this defective diet. Other young pigs from the same stock were fed the same time on potatoes, soaked flesh, meal, and phosphate in addition, and their skeleton was of a normal character. It was found, however, that there was considerable differences in these animals, according to the nature of the phosphates given: for two of the animals, fed with phosphate of potassium, had more porous and specifically lighter bones than other pigs fed with this salt in combination with phosphate and carbonate of calcium.—*London Doctor.*

**Death from Exploration of the Rectum by the Introduction of the Entire Hand.**—Dandridge and Connor examined the pelvis of a man by Simon's method, with a view to obtain accurate information concerning a psoas abscess. They assert that absolutely no force was used, and that they did not go higher than the bifurcation of the aorta. Immediately after the exploration, however, symptoms of peritonitis set in, and the patient died. At the autopsy a rupture of the peritoneum was discovered five inches above the anus. The mucous membrane was also torn above the sphincter. This is another case proving that Simon's method is not entirely harmless.—*Deutsche Med. Wochen.*

**Vomiting of Pregnancy.**—Dr. Lubelscy, of Warsaw, on the first appearance of the vomiting, or even of the nausea which usually precedes it, employs Richardson's spray apparatus to direct a douche of atomized ether on the epigastric region, and on the corresponding part of the vertebral column; this is continued from three to five minutes, or even a longer time if the patient bears it well, and may be repeated every three hours. In obstinate cases chloroform and ether are used alternately. The success of this method of treatment is said to be constant and complete. M. L. adds that the same remedies are equally efficacious in chorea and in attacks of asthma and whooping-cough.—*London Doctor.*

**Cure for Hydrophobia.**—The forester Gastel, now in his eighty-second year, writes to the *Leipziger Zeitung*: "I will not carry with me to the grave my well-proved remedy for the bite of a mad dog, but publish it as the last service I can render to mankind: Wash the wound in some warm wine-vinegar and water; and having cleansed and dried it, then pour into it some drops of muriatic acid, because mineral acids destroy the poison of the saliva."